

**HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS
GRANT PROGRAM
(HMEP)**

Statement of Compliance

- 1) **Establish LEPC** - Minimum 10 – 12 members refer to LEPC Handbook
- 2) **Elect Officers** - Chairperson
 Vice-Chairperson
 Sec. Treasure
 Hazardous Materials Information Coordinator
- 3) **By-Laws** Adopt by member vote – (establish meeting dates)
- 4) **Membership Roster** SERC (State Emergency Response Commission) will request membership list in March on a new form. Send in when completed. Indicate chairperson and an address to establish a mail Box No. for your LEPC.
- 5) **In May-each year** - A request from SERC to send in full roster and your quarterly meeting reports.

* **Roster membership list, Bylaws, will be presented to county commissioners for approval through a resolution, certification of adoption, etc. and signed. Obtain a copy of recorded minutes of commission meeting from local paper and attach with your report to SERC. This requirement is one time only. The LEPC is an independent committee in your county working for the safety of life and property.**

SOUTH DAKOTA HMEP LEPC

Statement of Compliance

With Sections 301-303 of SARA Title III
And SDCL 34A-12-23

**** Must be submitted once per year ****

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1. The above applicant has established a Local Emergency Planning Committee: Yes\_\_\_\_\_ No\_\_\_\_\_

If "yes" does the committee contain members from the following groups:

- |                                             |          |         |
|---------------------------------------------|----------|---------|
| a) Elected Local Officials:                 | Yes_____ | No_____ |
| b) Law Enforcement:                         | Yes_____ | No_____ |
| c) Emergency Management:                    | Yes_____ | No_____ |
| d) Fire Service                             | Yes_____ | No_____ |
| e) Health:                                  | Yes_____ | No_____ |
| f) Local Environmental:                     | Yes_____ | No_____ |
| g) Hospital:                                | Yes_____ | No_____ |
| h) Transportation:                          | Yes_____ | No_____ |
| i) Media:                                   | Yes_____ | No_____ |
| j) Community Groups:                        | Yes_____ | No_____ |
| k) Owners/Operators of Affected Facilities: | Yes_____ | No_____ |

2. The Local Emergency Planning Committee has been approved by the State  
Emergency Response Commission: Yes\_\_\_\_\_ No\_\_\_\_\_

3. The LEPC has elected officers: Yes\_\_\_\_\_ No\_\_\_\_\_

4. The LEPC has established bylaws or rules for functioning: Yes\_\_\_\_\_ No\_\_\_\_\_

5. The LEPC meets quarterly: Yes\_\_\_\_\_ No\_\_\_\_\_

6. The LEPC has appointed a Community Emergency Coordinator: Yes\_\_\_\_\_ No\_\_\_\_\_

7. The LEPC publishes notice of all public meetings and activities: Yes\_\_\_\_\_ No\_\_\_\_\_

8. The LEPC has appointed an Information Coordinator: Yes\_\_\_\_\_ No\_\_\_\_\_

9. The LEPC has established procedures for processing requests for information  
from the public: Yes\_\_\_\_\_ No\_\_\_\_\_

10. The LEPC has developed a Hazardous Materials Emergency Response Plan: Yes\_\_\_\_\_ No\_\_\_\_\_

11. The LEPC reviews and updates the Emergency Response Plan on at least an  
annual basis: Yes\_\_\_\_\_ No\_\_\_\_\_

12. Has a current list of LEPC members been submitted to the state SERC: Yes\_\_\_\_\_ No\_\_\_\_\_

13. If “no” has been answered to any of the above questions, define a target date  
for when the requirement(s) will be met:\_\_\_\_\_

14. Name, Day Telephone Number and Signature of the LEPC Chairman  
authorizing grant application:

**NAME:** (print)\_\_\_\_\_

**DATE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:**\_\_\_\_\_

**COUNTY:** \_\_\_\_\_

I Certify that all information given is true and correct and that all applications for funds under the HMEP program will be based upon this information and that a “no” answer to any above question may effect eligibility for funding under the HMEP program.

\_\_\_\_\_  
Authorized Signature